

A bill for an act

relating to health; modifying provisions for the statewide trauma system; amending Minnesota Statutes 2008, sections 144.603; 144.605, subdivisions 2, 3, by adding a subdivision; 144.608, subdivision 1; proposing coding for new law in Minnesota Statutes, chapter 144; repealing Minnesota Statutes 2008, section 144.607.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

Section 1. Minnesota Statutes 2008, section 144.603, is amended to read:

144.603 STATEWIDE TRAUMA SYSTEM CRITERIA.

Subdivision 1. **Criteria established.** The commissioner shall adopt criteria to ensure that severely injured people are promptly transported and treated at trauma hospitals appropriate to the severity of injury. Minimum criteria shall address emergency medical service trauma triage and transportation guidelines as approved under section 144E.101, subdivision 14, designation of hospitals as trauma hospitals, interhospital transfers, a trauma registry, and a trauma system governance structure.

Subd. 2. **Basis; verification.** The commissioner shall base the establishment, implementation, and modifications to the criteria under subdivision 1 on the department-published Minnesota comprehensive statewide trauma system plan. The commissioner shall seek the advice of the Trauma Advisory Council in implementing and updating the criteria, using accepted and prevailing trauma transport, treatment, and referral standards of the American College of Surgeons, the American College of Emergency Physicians, the Minnesota Emergency Medical Services Regulatory Board, the national Trauma Resources Network Center Association of America, and other widely recognized trauma experts. The commissioner shall adapt and modify the standards as appropriate to accommodate Minnesota's unique geography and the state's hospital and

health professional distribution and shall verify that the criteria are met by each hospital voluntarily participating in the statewide trauma system.

Subd. 3. **Rule exemption and report to legislature.** In developing and adopting the criteria under this section, the commissioner of health is exempt from chapter 14, including section 14.386. ~~By September 1, 2009, the commissioner must report to the legislature on implementation of the voluntary trauma system, including recommendations on the need for including the trauma system criteria in rule.~~

Sec. 2. Minnesota Statutes 2008, section 144.605, subdivision 2, is amended to read:

Subd. 2. **Designation; reverification.** The commissioner shall designate ~~four~~ six levels of trauma hospitals. A hospital that voluntarily meets the criteria for a particular level of trauma hospital shall apply to the commissioner for designation and, upon the commissioner's verifying the hospital meets the criteria, be designated a trauma hospital at the appropriate level for a three-year period. Prior to the expiration of the three-year designation, a hospital seeking to remain part of the voluntary system must apply for and successfully complete a reverification process, be awaiting the site visit for the reverification, or be awaiting the results of the site visit. The commissioner may extend a hospital's existing designation for up to 18 months on a provisional basis if the hospital has applied for reverification in a timely manner but has not yet completed the reverification process within the expiration of the three-year designation and the extension is in the best interest of trauma system patient safety. To be granted a provisional extension, the hospital must be:

- (1) scheduled and awaiting the site visit for reverification;
- (2) awaiting the results of the site visit; or
- (3) responding to and correcting identified deficiencies identified in the site visit.

Sec. 3. Minnesota Statutes 2008, section 144.605, subdivision 3, is amended to read:

Subd. 3. **ACS verification.** The commissioner shall grant the appropriate level I, II, or III trauma hospital or level I or II pediatric trauma hospital designation to a hospital that successfully completes and passes the American College of Surgeons (ACS) verification standards at the hospital's cost, submits verification documentation to the Trauma Advisory Council, and formally notifies the Trauma Advisory Council of ACS verification.

Sec. 4. Minnesota Statutes 2008, section 144.605, is amended by adding a subdivision to read:

3.1 Subd. 9. **Designation process protection.** All information and reports related to the
3.2 designation and redesignation of trauma hospitals pursuant to subdivisions 3 to 5 shall be
3.3 classified as private data on individuals, as defined in section 13.02, subdivision 12, and
3.4 nonpublic data as defined in section 13.02, subdivision 9.

3.5 Sec. 5. **[144.6071] TRAUMA REGISTRY.**

3.6 Subdivision 1. **Registry.** The commissioner of health shall establish and maintain
3.7 a central registry of persons who sustain major trauma as defined in section 144.602,
3.8 subdivision 3. The registry shall collect information to facilitate the development of
3.9 clinical and system quality improvement, injury prevention, treatment, and rehabilitation
3.10 programs.

3.11 Subd. 2. **Registry participation required.** A trauma hospital must participate in
3.12 the statewide trauma registry. The consent of the injured person is not required.

3.13 Subd. 3. **Registry information.** Trauma hospitals must electronically submit the
3.14 following information to the registry:

- 3.15 (1) demographic information of the injured person;
3.16 (2) information about the date, location, and cause of the injury;
3.17 (3) information about the condition of the injured person;
3.18 (4) information about the treatment, comorbidities, and diagnosis of the injured
3.19 person;
3.20 (5) information about the outcome and disposition of the injured person; and
3.21 (6) other information required by the commissioner.

3.22 Subd. 4. **Rules.** The commissioner may adopt rules to collect other information
3.23 required to facilitate the development of clinical and system quality improvement, injury
3.24 prevention, treatment, and rehabilitation programs. The commissioner may adopt rules at
3.25 any time to implement this section and is not subject to the requirements of section 14.125.

3.26 Subd. 5. **Reporting without liability.** Any person or facility furnishing information
3.27 required in this section shall not be subject to any action for damages or other relief,
3.28 provided that the person or facility is acting in good faith.

3.29 Subd. 6. **Data classification.** Data on individuals collected by the commissioner
3.30 of health under this section are private data on individuals, as defined in section 13.02,
3.31 subdivision 12. Data not on individuals are nonpublic data as defined in section 13.02,
3.32 subdivision 9. The commissioner shall provide summary registry data to public and
3.33 private entities to conduct studies using data collected by the registry. The commissioner
3.34 may charge a fee under section 13.03, subdivision 3, for all out-of-pocket expenses
3.35 associated with the provision of data or data analysis.

Subd. 7. **Report requirements.** The commissioner shall use the registry to annually publish a report that includes comparative demographic and risk-adjusted epidemiological data on designated trauma hospitals. Any analyses or reports that identify providers may only be published after the provider has been provided the opportunity by the commissioner to review the underlying data and submit comments. The provider shall have 21 days to review the data for accuracy.

Sec. 6. Minnesota Statutes 2008, section 144.608, subdivision 1, is amended to read:

Subdivision 1. **Trauma Advisory Council established.** (a) A Trauma Advisory Council is established to advise, consult with, and make recommendations to the commissioner on the development, maintenance, and improvement of a statewide trauma system.

(b) The council shall consist of the following members:

(1) a trauma surgeon certified by the American ~~College of Surgeons~~ Board of Surgery or the American Osteopathic Board of Surgery who practices in a level I or II trauma hospital;

(2) a general surgeon certified by the American ~~College of Surgeons~~ Board of Surgery or the American Osteopathic Board of Surgery whose practice includes trauma and who practices in a designated rural area as defined under section 144.1501, subdivision 1, paragraph (b);

(3) a neurosurgeon certified by the American Board of Neurological Surgery who practices in a level I or II trauma hospital;

(4) a trauma program nurse manager or coordinator practicing in a level I or II trauma hospital;

(5) an emergency physician certified by the American ~~College~~ Board of Emergency ~~Physicians~~ Medicine or the American Osteopathic Board of Emergency Medicine whose practice includes emergency room care in a level I, II, III, or IV trauma hospital;

(6) ~~an emergency room nurse manager~~ a trauma program manager or coordinator who practices in a level III or IV trauma hospital;

(7) a ~~family practice~~ physician certified by the American Board of Family Medicine or the American Osteopathic Board of Family Practice whose practice includes emergency ~~room~~ department care in a level III or IV trauma hospital located in a designated rural area as defined under section 144.1501, subdivision 1, paragraph (b);

(8) a nurse practitioner, as defined under section 144.1501, subdivision 1, paragraph (h), or a physician assistant, as defined under section 144.1501, subdivision 1, paragraph

(j), whose practice includes emergency room care in a level IV trauma hospital located in a designated rural area as defined under section 144.1501, subdivision 1, paragraph (b);

(9) a pediatrician certified by the American ~~Academy~~ Board of Pediatrics or the American Osteopathic Board of Pediatrics whose practice includes emergency ~~room~~ department care in a level I, II, III, or IV trauma hospital;

(10) an orthopedic surgeon certified by the American Board of Orthopaedic Surgery or the American Osteopathic Board of Orthopedic Surgery whose practice includes trauma and who practices in a level I, II, or III trauma hospital;

(11) the state emergency medical services medical director appointed by the Emergency Medical Services Regulatory Board;

(12) a hospital administrator of a level III or IV trauma hospital located in a designated rural area as defined under section 144.1501, subdivision 1, paragraph (b);

(13) a rehabilitation specialist whose practice includes rehabilitation of patients with major trauma injuries or traumatic brain injuries and spinal cord injuries as defined under section 144.661;

(14) an attendant or ambulance director who is an EMT, EMT-I, or EMT-P within the meaning of section 144E.001 and who actively practices with a licensed ambulance service in a primary service area located in a designated rural area as defined under section 144.1501, subdivision 1, paragraph (b); and

(15) the commissioner of public safety or the commissioner's designee.

~~(c) Council members whose appointment is dependent on practice in a level III or IV trauma hospital may be appointed to an initial term based upon their statements that the hospital intends to become a level III or IV facility by July 1, 2009.~~

Sec. 7. REPEALER.

Minnesota Statutes 2008, section 144.607, is repealed.

APPENDIX
Repealed Minnesota Statutes: s2866-1

144.607 TRAUMA REGISTRY.

Subdivision 1. **Registry participation required.** A trauma hospital must participate in the statewide trauma registry.

Subd. 2. **Trauma reporting.** A trauma hospital must report major trauma injuries as part of the reporting for the traumatic brain injury and spinal cord injury registry required in sections 144.661 to 144.665.

Subd. 3. **Application of other law.** Sections 144.661 to 144.665 apply to a major trauma reported to the statewide trauma registry, with the exception of sections 144.662, clause (2), and 144.664, subdivision 3.